

Hannah E Amos

Town

County

Died at

Federal Hill

Harford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 14

Age 68

Maryland Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wm Amos

Wife

Father's

Name

David Street

Mother's

Maiden Name

Sarah Ashton

Cause of

Primary

Paralysis

How long sick

4 months

Death

Immediate

Heart failure 66

Accident, Suicide, Homicide

Reported by

Martin L Jarrett MD

Address

Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	3	Month	June	Day	8	Age	86
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Married, Single or Widowed	Widowed			Occupation	Merchant		
Name of Wife or Husband	Margaret S.						
Father's Name	William Bateman					Father's Birthplace	
Mother's Maiden Name	Charlotte					Mother's Birthplace	
Name of person giving Information	Miss L. B. Bateman					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senile debility		How long	—
Immediate	Heart failure		How long	1 day -
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Edgar B. [unclear]
			Address	Baltimore
Accident or Suicidal?	no			



Name In Full

Certificate of Death

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name

In  
Full

Joseph Collins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

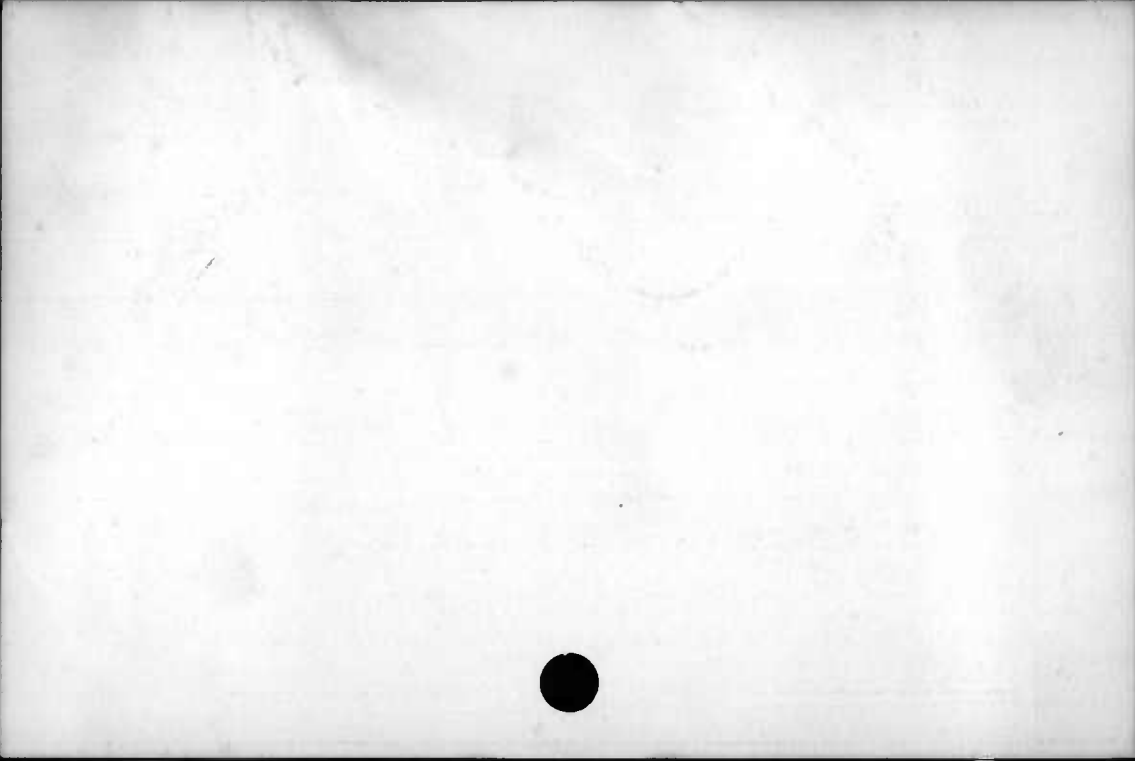
Died at <i>Harrods Grace</i>		Town		<i>Harford</i>		County	
Date <i>June 3</i>		Month		Day		Years	
of death 190 <i>3</i>		<i>June</i>		<i>3rd</i>		Age <i>77</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		Months	
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>		Days			
Name of Wife or Husband <i>Collins</i>							
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Michael J. Fahy</i>		How related to deceased					

## CAUSES OF DEATH

Primary	<i>Struck by train accident</i>	How long	<i>—</i>
Immediate	<i>" " " "</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Michael J. Fahy (Coroner)</i>	
		Address <i>Harrods Grace</i>	
Accident or Suicide? <i>Accident</i>		<i>md</i>	

PHYSICIAN  
OR CORONER

9





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bel Air</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>		MARYLAND	
Date of death 1903	<u>June</u> <sup>Month</sup>	<u>11</u> <sup>Day</sup>	Age <u>19</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Married Single or <u>Widowed</u>			Occupation <u>Laborer</u>		
Name of Wife or Husband					
Father's Name <u>Levi Cox</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Lizzie Bond</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Bill Moore</u>			How related to deceased <u>Sister</u>		

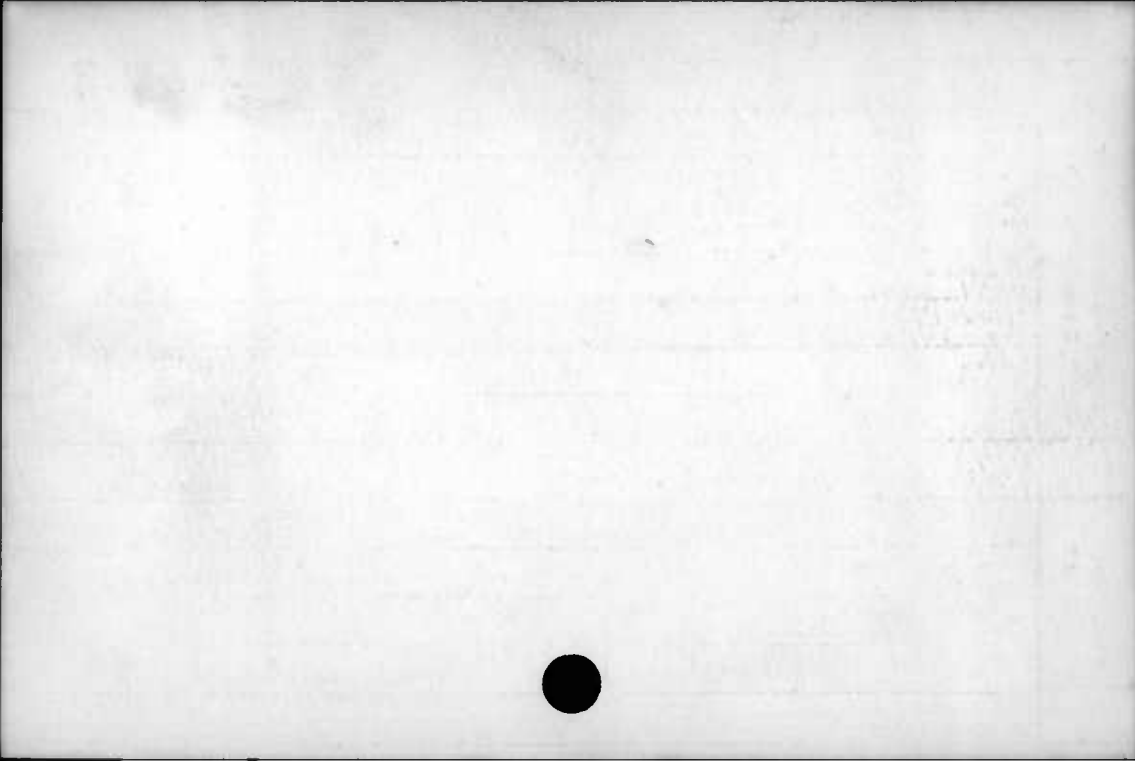
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pharyngitis</u>	How long	<u>3 wks</u>
Immediate	<u>Tuberculosis</u>	How long	<u>3 mos</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>C. A. Felling</u>	
Address			
Accident or Suicide?			

Salem acle

Name in Full		William E. Broxan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Havre de Grace	County Harford.		MARYLAND	
	Date of death 1903	Month June	Day 2	Age 16	Years	Months	Days
	Sex	Male		Color or Race	Black		Birth-place Gravelly Hill
	Married, Single or Widowed	Single		Occupation		Labor	
	Name of Wife or Husband						
	Father's Name	William E. Broxan				Father's Birthplace	Perryman
	Mother's Maiden Name	Annie Alender				Mother's Birthplace	
Name of person giving information		Annie Broxan				How related to deceased	Mother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Fractured Skull			How long 4 weeks	
	Immediate		Hb			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R W Smith
					Address		Havre de Grace
	Accident or Suicide?		Accident				Med



Name in Full

Certificate of Death

Maud Dismore

Town

County

Died at Harndegrace

Harford

MARYLAND

Died at 1903 Month June Day 20 Y. 39 M. — D. — Native of Ind Occupation

Date 1903 June 20 Age 39 Male White Married Widowed Divorced Female Colored Single Widower Number of children living 1

Husband of Scott Dismore

Wife Thomas Hunter

Mother's Name Sarah Watts

Cause of Death Primary Consumption Immediate How long sick 6 months Accident, Suicide, Homicide

Reported by A C Carter &amp; J H Kennedy Address Harndegrace Abundant

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Alice Priscilla Finney

## CERTIFICATE OF DEATH

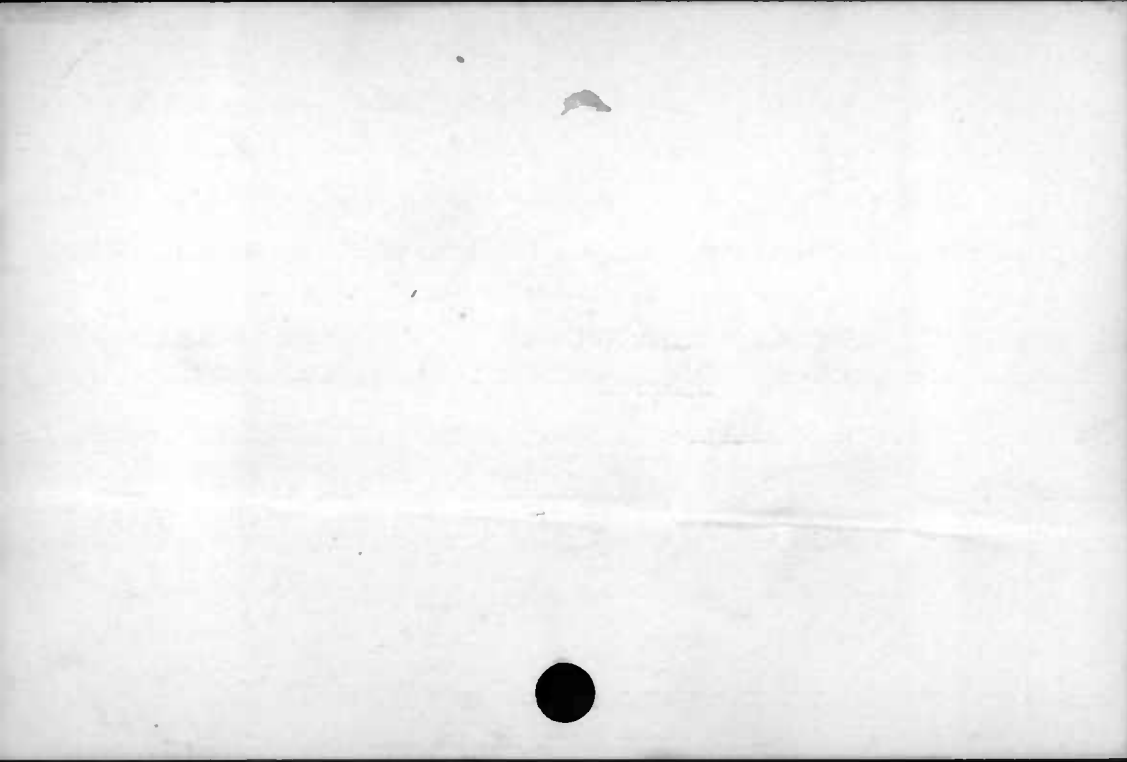
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Benson P O</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>7</i>	Age <i>15</i>	Months <i>5</i>	Days <i>21</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore City</i>	
<del>Married</del> Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>George Finney</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary E Ryan</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving In formation <i>Thornell Sappington</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paratyphoid fever</i>	How long <i>?</i>
Immediate <i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thornell Sappington</i>
	Address <i>Baltimore</i>
Accident or Suicide?	





Name  
in  
Full

Eliza A Gallion

CERTIFICATE OF DEATH

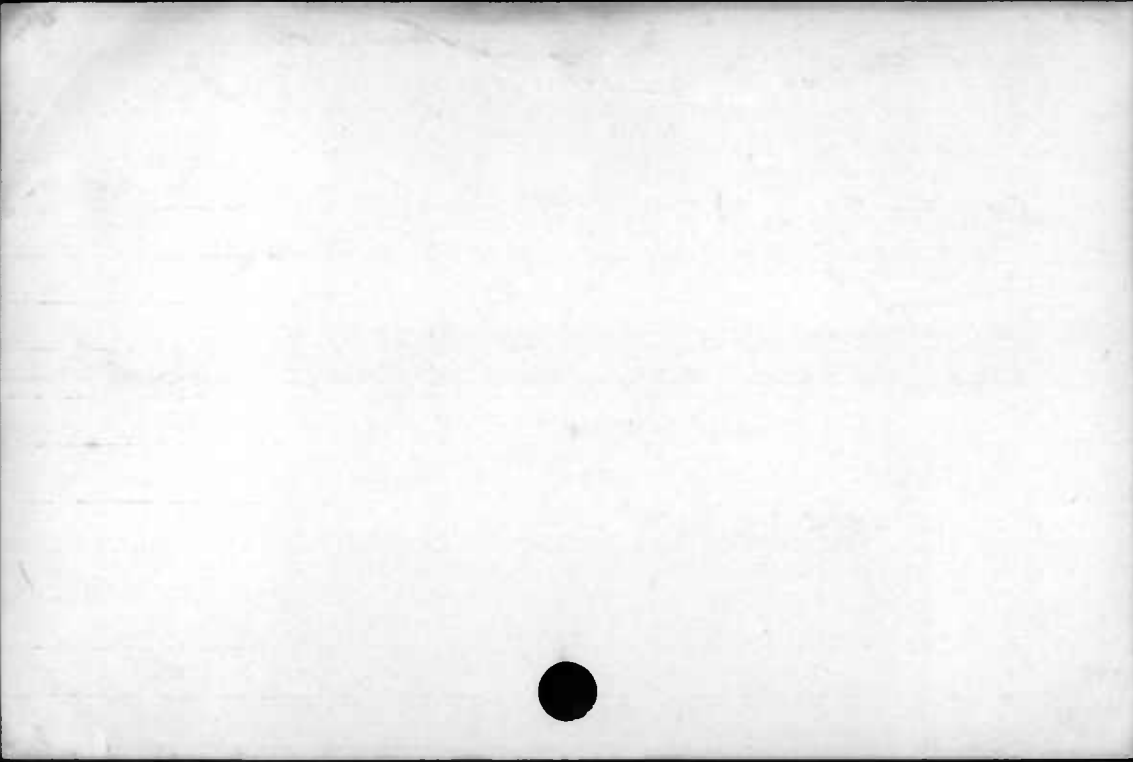
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Level</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 1907	Month <i>6</i>	Day <i>11</i>	Age <i>60</i>	Months <i>9</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co Md</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>James T. Gallion</i>					
Father's Name <i>Joshua Stephens</i>			Fether's Birthplace <i>Shester Co Pa</i>		
Mother's Maiden Name <i>Phoebe Smith</i>			Mother's Birthplace <i>Harford Co Md</i>		
Name of person giving In formation <i>Josh J. Gallion</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hypertension Heart</i>	How long <i>29</i>
Immediate <i>Drooping</i>	How long <i>Several years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jno. Laffington</i>
	Address <i>Darlington Md</i>
Accident or Sulcide?	



Name in Full

Certificate of Death

*Not - Namee*

Died at

Town

County

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

*June 15*

Age

*Still Born**Ind**P*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

*none*

Husband

of

*Mary Shone*

Wife

*Mellon Grant Shone*

Father's

*Mellon Grant Shone*

Mother's

Name

Maiden Name

*Mary Harrison*

Cause of

Primary

How long sick

Death

Immediate

*Dead Born*

Accident, Suicide, Homicide

Reported by

*Dr. F. Turner*

Address

*Black Horse**Hayford Co Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name  
in  
Full

Howard Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pylesville</i> Town		<i>Harford</i> County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>26</i>	Age <i>17</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co. Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>Howard Johnson</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lena Sims</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Sam. Wilson</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis Pulmonary</i>		How long	<i>6 mo</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>P. Warren Ramsey</i>	
			Address <i>222 York St. Pa.</i>	
<del>Accident or Suicide?</del>				



Name In Full

Certificate of Death

Lana V Kennard

Died at

Tobacco

County

Harford Co

MARYLAND

Date 1983

Month

Day

June 20

Age

Y.

M.

D.

47 - -

Native of

Harford Co

Occupation

unemp

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

4

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Consumption

How long sick

About 4 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

All Brothers

Address

Harford Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893





Name

in  
Full

Lewis Lowry

## CERTIFICATE OF DEATH

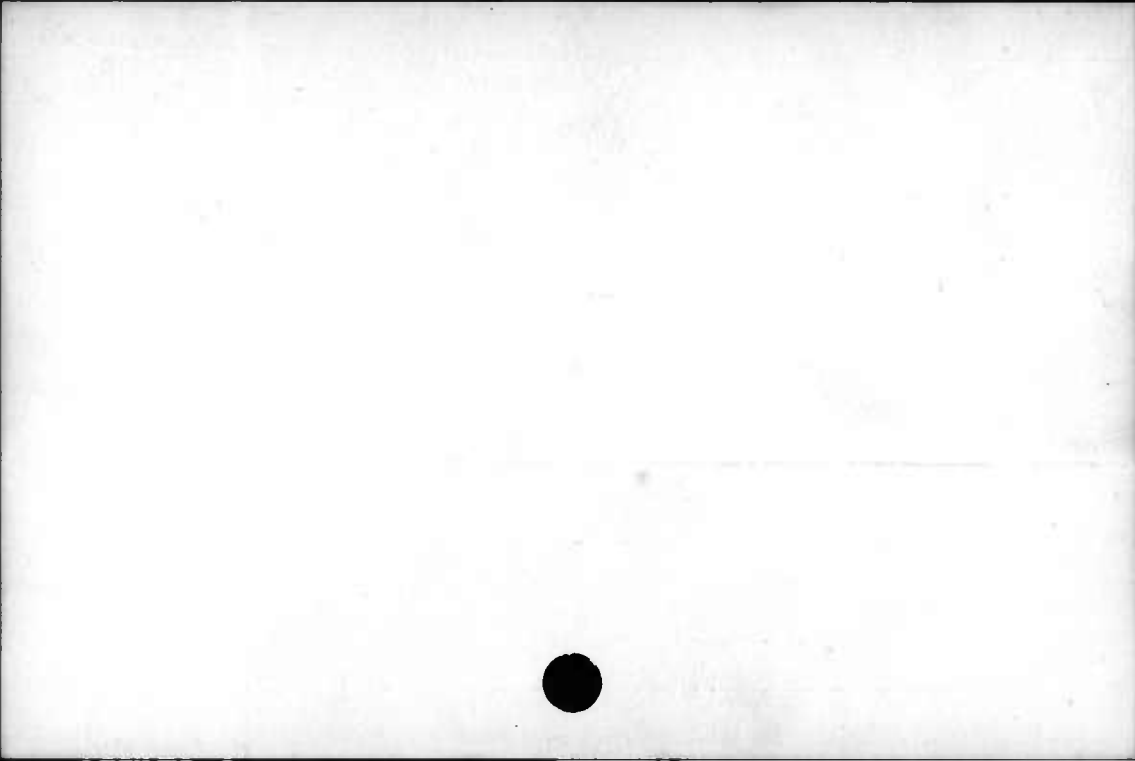
TO BE ANSWERED BY  
NEAREST FRIENDDied at *Smith* TownCounty *Harford*

MARYLAND

Date of death 190*3* Month *June* Day *28*Age *51* YearsMonths *2* Days *10*Sex *Male*Color or Race *colored-*Birth-place *Talbot Co. Md*Married, Single or Widowed *Married*Occupation *Farmer*Name of Wife *Ellen Lowry*  
~~Husband~~Father's Name *Horace Lowry*Father's Birthplace *Md.*Mother's Maiden Name *Rachel Lowry*Mother's Birthplace *Md.*Name of person giving information *Wm Peaco-*How related to deceased *None*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *congestion of Liver & Kidneys*How long *3 hours*Immediate *Heart-failure*How long *one week*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *L. F. H. Branch -*Address *Fork Md -*Accident or Suicide? *1919*



Name  
in  
Full

## CERTIFICATE OF DEATH

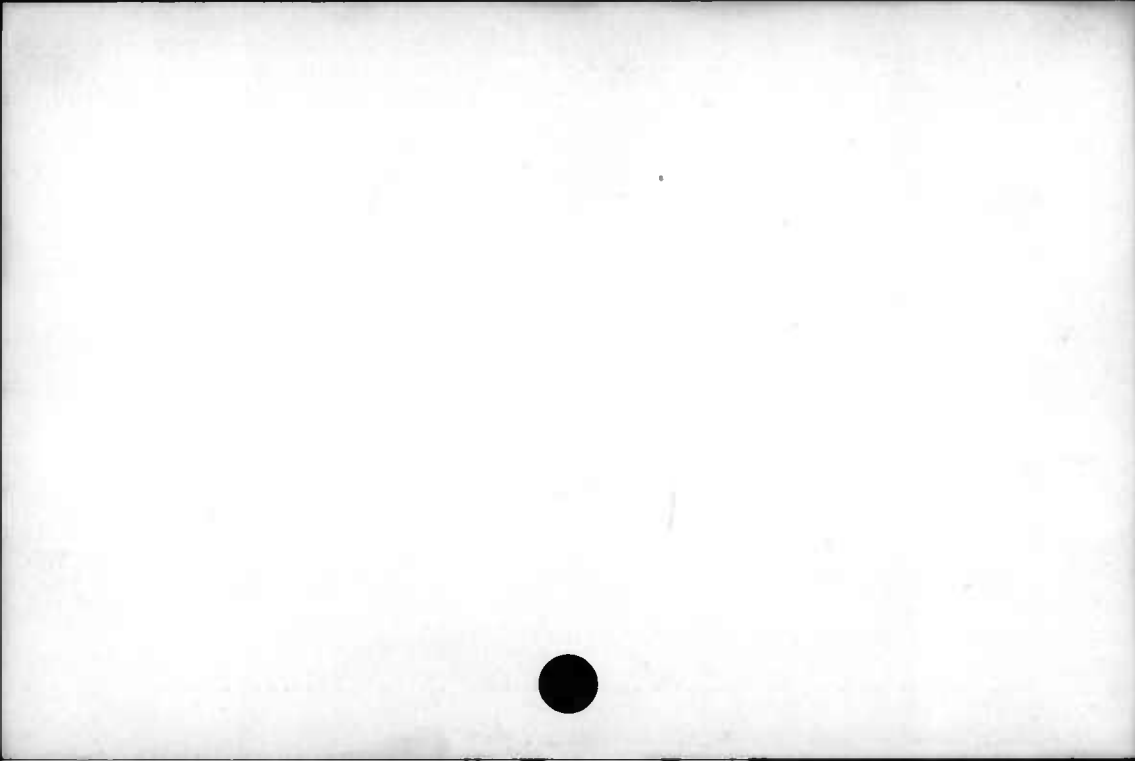
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>23</i>	Age <i>88</i> <sup>Years</sup>	Months —	Days —
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place	
Married, <del>Single</del> or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Richard Mays</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	—
Immediate	<i>" "</i>	How long	—
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. H. Arthur M.D.</i>	
		Address <i>Street Md.</i>	
Accident or Suicide? —			



Henry Montoolle

Town

County

Died at

MARYLAND

Date 19

03

Month

5

Day

7

Age

Y.

79

M.

5

D.

7

Native of

Harford

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dripke

How long sick

1 month

Death

Immediate

Paralysis

10

Accident, Suicide, Homicide

Reported by

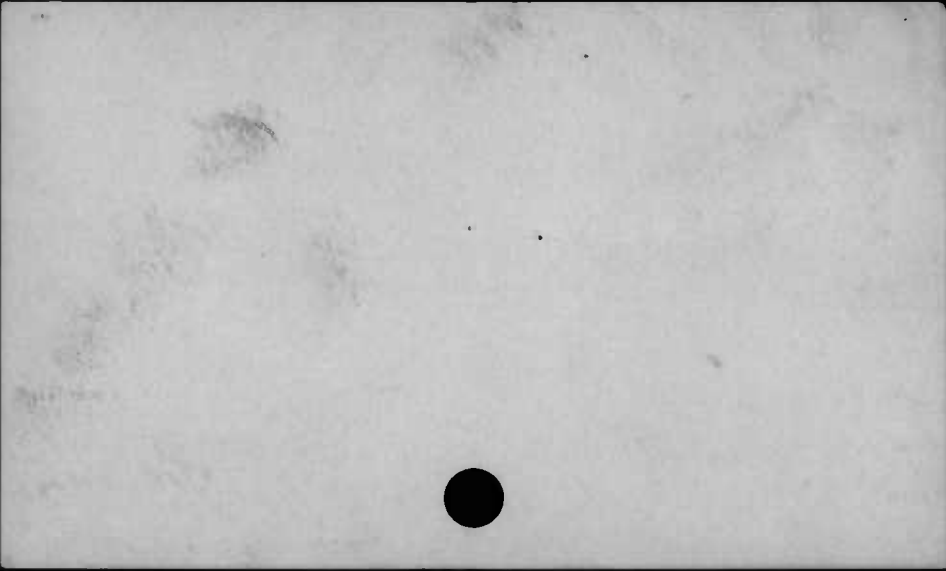
Dr. W. B. Hayward

Address

Dyersville

Harford Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Thomas J. Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marysville</i> <small>Town</small>		<i>Hayward</i> <small>County</small>		MARYLAND	
Date of death 1903	Month 6	Day 25	Age 77	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, <del>Single</del> or <del>Widowed</del>			Occupation <i>Carpenter</i>		
Name of Wife or Husband <i>Mary E Robinson</i>					
Father's Name <i>Richard Robinson</i>				Father's Birthplace	
Mother's Maiden Name <i>Mary B. Robinson</i>				Mother's Birthplace	
Name of person giving information <i>Mary B. Robinson</i>				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer</i>	How long	<i>5 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H K McComas</i>	
		Address <i>Alameda</i>	
Accident or Suicide?		<i>Undertaker</i>	





Name  
in  
Full

Anthony G. Slymer

## CERTIFICATE OF DEATH

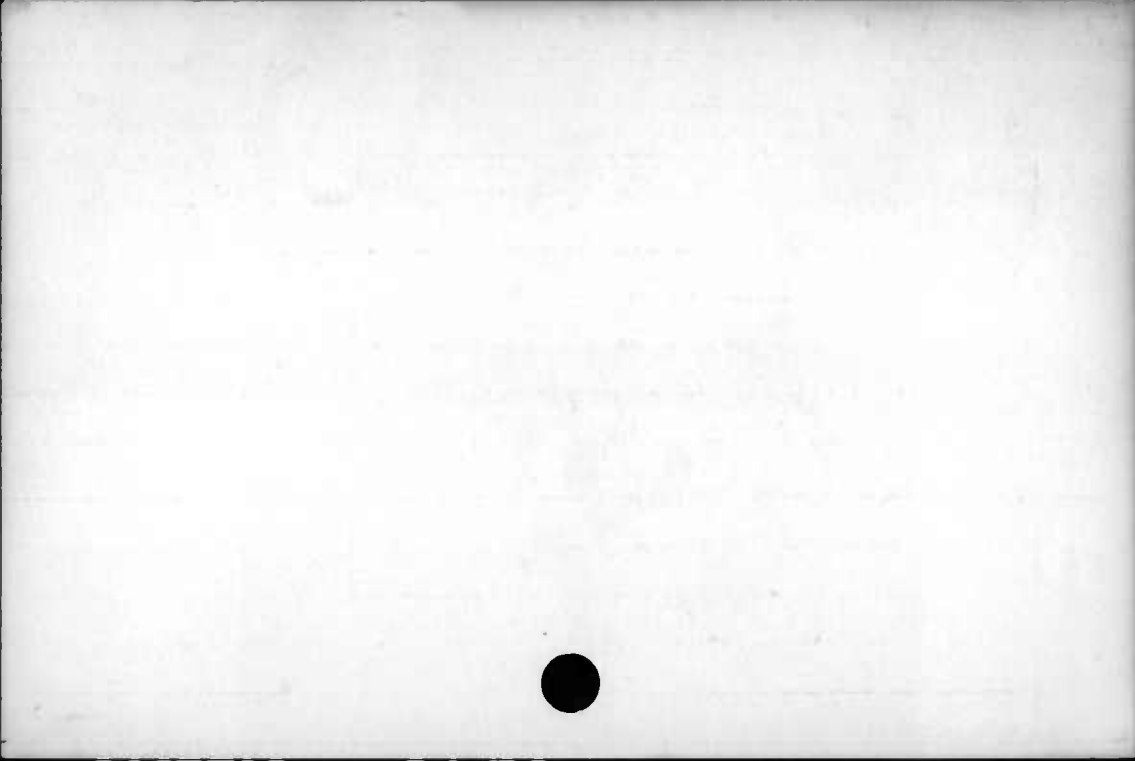
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harrods Grace</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>13</i>	Age <i>75</i> <sup>Years</sup>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Krumm's Providence Germany</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Storekeeper</i>			
Name of Wife or Husband <i>Sarah Taylor</i>					
Father's Name <i>-</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Robert Mitchell</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>120</i>
Immediate <i>Uremia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Smith</i>
	Address <i>Harrods Grace</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Martha Ann Taylor

Died at <sup>Town</sup> Webster <sup>County</sup> Harford MARYLAND

Date	19	6	3	Month	Day	Age	Y.	M.	D.	Native of	Occupation
				6	6	73	9	28		England	Housewife
Male		White		Married		Widow		Divorced			
Female		Colored		Single		Widower		Number of children living		5	

Husband of James B Taylor

Wife

Father's Name Charles Coe

Mother's Name

Maidan Name

Cause of	Primary	not given	How long sick	+
	Death	Immediate		179
			Accident, Suicide, Homicide	

Reported by J. J. Kennedy

Address Abodes Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lilham Ward

Town

County

Died at

Abundant

Harford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 26

Age 16

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Chas Ward

Sophia Banks

Cause of

Primary

Spinal Abscess

How long sick

Death

Immediate

Mittal Value

~~Accident, Suicide, Homicide~~

Reported by

J. H. Kinnear

Address

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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